

REQUEST FOR PATENT FEE REFUND

10/519844

1 Date of Request: _____

2 Serial/Patent # _____

3 Please refund the following fee(s):

4 PAPER
NUMBER5 DATE
FILED

6 AMOUNT

☒ Filing

1

1-13-05

\$ 50.

☐ Amendment

\$

☐ Extension of Time

\$

☐ Notice of Appeal/Appeal

\$

☐ Petition

\$

☐ Issue

\$

☐ Cert of Correction/Terminal Disc.

\$

☐ Maintenance

\$

☐ Assignment

\$

☐ Other

\$

7 TOTAL AMOUNT
OF REFUND

\$ 50

8 TO BE REFUNDED BY:

☒ Treasury Check☒ Credit Deposit A/C #:

10 REASON:

☒ Overpayment☐ Duplicate Payment☐ No Fee Due (Explanation): _____

9 1 | 9 | -- | 5 | 1 | 1 | 3

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A. JohnsonTITLE: paralegalSIGNATURE: A. JohnsonPHONE: 308 9140OFFICE: PCF*****
THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B